



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Torsten Brandenburger and Ismael Rahimy  
Application No.: 10/575,690 Group: 3761  
371(c) File Date: August 23, 2006 Examiner: L. R. Deak  
Confirmation No: 3600  
For: CONNECTOR FOR MEDICAL LIQUID-CONTAINING PACKAGES AND  
MEDICAL LIQUID-CONTAINING PACKAGES

|   |                |
|---|----------------|
| CERTIFICATE OF MAILING OR TRANSMISSION  |                |
| I hereby certify that this correspondence is being deposited with the United<br>States Postal Service with sufficient postage as First Class Mail in an<br>envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria,<br>VA 22313-1450, or is being facsimile transmitted to the United States Patent<br>and Trademark Office on: |                |
| 7/20/09   | Julie Kertyzak |
| Date  | Signature      |
| Julie Kertyzak  |                |
| Typed or printed name of person signing certificate   |                |

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

**The claims fee has been calculated as shown below:**

|  |   |       |                                       |                  | SMALL ENTITY |               | OTHER THAN<br>SMALL ENTITY |               |
|--|---|-------|---------------------------------------|------------------|--------------|---------------|----------------------------|---------------|
|  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE         | ADDIT.<br>FEE | RATE                       | ADDIT.<br>FEE |
| TOTAL  | 16  | MINUS | * 20                                  | 0                | X \$26       | \$            | X \$52                     | \$            |
| INDEP  | 1   | MINUS | ** 3                                  | 0                | X \$110      | \$            | X \$220                    | \$            |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                  | + \$195      | \$            | + \$390                    | \$            |

\* not fewer than 20

\*\* not fewer than 3

TOTAL = \$       0      TOTAL = \$       0      **The Application Size Fee has been calculated as shown below:**

(Effective for cases filed on or after December 8, 2004)

| Actual Sheets<br>(Including<br>current<br>amendment) | Highest No. of<br>Sheets Paid<br>For<br>(At least 100) | No. of Additional<br>Units Required<br>(Increments of<br>50 sheets) | SMALL ENTITY |                         | OTHER THAN<br>SMALL ENTITY |                         | Payment<br>Sufficient for<br>up to<br><br>[ ] Sheets |
|--|--|---|--------------|-------------------------|----------------------------|-------------------------|--|
|  |  |   | Rate         | Total<br>Amount<br>Owed | Rate                       | Total<br>Amount<br>Owed |  |
|  |  |   | X \$135      | \$[ ]                   | X \$270                    | \$[ ]                   |  |

**Petition for Extension of Time**

- Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.
- [For action-specific language in an extension of time, select the appropriate option from the Firm Templates]

**Please charge Deposit Account No. 08-0380 for the following fees:**

|                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | Petition for [ ] month Extension of Time | \$ _____ |
| <input type="checkbox"/> | Claims Fee                               | \$ _____ |
| <input type="checkbox"/> | Application Size Fee                     | \$ _____ |
| <input type="checkbox"/> | Other Fees:                              | \$ _____ |
|                          |  | _____    |
|                          |  | _____    |
|                          |  | _____    |
| TOTAL:                   |  | \$ _____ |

**A check is enclosed in payment of the following fees:**

|                          |  |          |
|--------------------------|--|----------|
| <input type="checkbox"/> | Petition for [ ] month Extension of Time | \$ _____ |
| <input type="checkbox"/> | Claims Fee                               | \$ _____ |
| <input type="checkbox"/> | Application Size Fee                     | \$ _____ |
| <input type="checkbox"/> | Other Fees:                              | \$ _____ |
|                          |  | _____    |
|                          |  | _____    |
|                          |  | _____    |
| TOTAL:                   |  | \$ _____ |

- Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated:

7/20/9